

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

American Action Network

(b) Address (number and street) ☐ check if different than previously reported

1401 New York Ave NW Ste 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001648

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y

(b) Communication Title

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: corporation

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Stephanie Fenjiro

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

290395.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stephanie Fenjiro

SIGNATURE Electronically Filed by Stephanie Fenjiro

DATE 09/30/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	Rob Collins		
	(b) Address (number and street)		
	1401 New york ave nw ste 1200		
	ste 1200		
	(c) City, State and Zip Code		
	washington	DC	20005
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	american action network		

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0</div> </div>	
Mailing Address of Payee 814 King Street Ste 400				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">290395.00</div>	
City Alexandria	State VA	Zip Code 22314			
Name of Employer			Occupation		
Purpose of Disbursement (including title(s) of communication(s)) media tv ad					
Name of Federal Candidate Russ Feingold	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002			District: _____		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)

290395.00

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

290395.00